

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005357

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 82

STATE FILE NUMBER

FILED MAR 12 1962

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		c. CITY OR TOWN <b>10 mi n e of Atlanta</b>	
Length of stay in 1b <b>3 1/2 wks</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Carrol</b> Middle <b>Winfield</b> Last <b>Vittetoe</b>		4. DATE OF DEATH Month <b>Mar</b> Day <b>4</b> Year <b>1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9 May 1913</b>
9. AGE (last birthday) <b>48</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>near Queen City, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Elza Vittetoe</b>		13b. MOTHER'S MAIDEN NAME <b>Elsie Maude O'Briant</b>	
14. NAME OF HUSBAND OR WIFE <b>May Susan Campbell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
17. INFORMANT <b>Mrs Carrol W. Vittetoe Atlanta, Mo</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIAC FAILURE AND Shock</b> DUE TO (b) <b>Prolonged + Acute Intestinal Hemorrhage</b> DUE TO (c) <b>Multiple Intestinal Ulcerations</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 Hours</b> <b>7-10 DAYS</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Duodenal Intestinal Perforation 2-12-62 / Gastric Perforation 2-21-62</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>2-8-62</b> to <b>3-4-62</b> and last saw her alive on <b>3-3-62</b> Death occurred at <b>4:35 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Earl Laughlin Jr Do</b>		22b. ADDRESS <b>Kirksville, Mo</b>	
22c. DATE SIGNED <b>3-5-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>7 Mar 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Novelty Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Novelty, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>HUDSON-RIMER FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>Edina, Mo 3-7-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Doris W. Rethke</b>			

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1962

EARL LAUREN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*A. J. Rimer*

Licensed Embalmer No. 5041

P. O. Address Edina, Minn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.